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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/585,817 06/01/2000
 which is a CIP of 09/580,015 05/26/2000 ABN
 which is a CIP of 09/322,289 05/28/1999
 which is a CIP of 09/201,430 11/30/1998 PAT 6,787,523
 which claims benefit of 60/080,970 04/07/1998
 and claims benefit of 60/067,740 12/02/1997

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	16	25	2
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE

METHODS OF TREATMENT OF ALZHEIMER'S DISEASE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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